DOCUMENT RESUME

ED 328 862 CG 023 170

AUTHOR Lloyd, David W.
TITLE Mental Health Professionals as Expert Witnesses in Child Sexual Abuse Cases: A Legal Perspective on the Controversies.
PUB DATE 11 Aug 90
NOTE 25p.; Paper presented at the Annual Convention of the American Psychological Association (98th, Boston, MA, August 10-14, 1990).
PUB TYPE Information Analyses (070) -- Viewpoints (Opinion/Position Papers, Essays, etc.) (120) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Child Abuse; Child Advocacy; *Children; Child Welfare; Court Litigation; Laws; Lawyers; *Mental Health Workers; Psychology; *Sexual Abuse; *Victims of Crime
IDENTIFIERS *Expert Witness

ABSTRACT

For the past several years, mental health professionals have been asked to testify as expert witnesses in court cases involving child sexual abuse. There is much controversy within the mental health profession and law about the propriety of such expert testimony. The controversy consists of three main issues. The first issue, the conflict between law and psychology in general, relates to the legal system's narrow definition of relevancy with respect to evidence and the use of the adversarial system to introduce or counteract evidence. The second issue considers whether an expert opinion from a psychologist or other mental health professional is helpful in the determination of factual issues in the adjudicative phase of the legal proceedings. The answer to this question depends on the particular factual issue to be determined and the stage in the trial during which the opinion is given. The final issue focuses on whether the mental health professional is specially qualified to forensically determine whether a child has been sexually abused. All of the criteria for evaluating the truth of the allegation, whether they tend to support the credibility of the child's account or tend to detract from it, appear to suffer from various defects. Only if these controversies, combined with rigorous peer review, lead to better science will they have served a useful purpose. (NB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED328862

MENTAL HEALTH PROFESSIONALS AS EXPERT WITNESSES IN CHILD SEXUAL ABUSE CASES: A LEGAL PERSPECTIVE ON THE CONTROVERSIES

by

David W. Lloyd, Esq.
Project Director
National Resource Center on Child Sexual Abuse
11141 Georgia Ave., Suite 310
Wheaton, MD 20902

Presented at a Symposium:
"Validation of Child Sexual Abuse: Issues and Controversies"
98th Annual Convention
American Psychological Association
Boston, Massachusetts
August 11, 1990

CG023170

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

David W. Lloyd

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Over the last decade, mental health professionals have increasingly been asked to testify in the adjudicatory phase of legal proceedings as experts in child sexual abuse. The ensuing "battles of the experts" may have left judges and juries more confused than enlightened. A number of books written for the general public provide examples of the heated debate and convoluted testimony of competing experts in trials where child sexual abuse has been alleged.

These battles have stimulated controversy within the mental health professions and law about the propriety of such expert testimony (Bross & Kanee, 1987; Bulkley, 1988; Cohen, 1985; Crewdson, 1988; Friedman, 1989; Hall, 1989; Hechler, 1988; Levy, 1989; McCord, 1987, 1986; Melton & Limber, 1989; Melton, Petrila, Pothress, & Slobogin, 1987; Myers, Bays, Becker, Berliner, Corwin, & Saywitz, 1989; Roe, 1985).

The controversy over expert testimony in child sexual abuse cases is composed of several issues: (1) the conflict between law and psychology generally, (2) the worth of expert testimony in child sexual abuse trials, and (3) whether the mental health

This publication was supported by grant 90-CA-1359 from the National Center on Child Abuse and Neglect, Office of Human Development Services, U.S. Dept. of Health & Human Services. The opinions expressed herein are solely those of the author and do not necessarily represent the views of the National Resource Center on Child Sexual Abuse, the National Center on Child Abuse and Neglect, or the Office of Human Development Services, U.S. Dept. of Health & Human Services.

professional is specially qualified to forensically determine whether a child has been sexually abused.

Admissibility of Expert Testimony

Expert testimony is an exception to the general rule that a witness testify from firsthand knowledge of past events. The expert has something different to contribute--specialized knowledge from which he/she can draw inferences from the facts already introduced into evidence which a jury would not be competent to draw (Cleary, 1972) Federal Rule of Evidence 702 states:

> If scientific, technical, or other specialized knowledge will assist the trier of fact to understand the evidence or to determine a fact in issue, a witness qualified as an expert by knowledge, skill, experience, training, or education, may testify thereto in the form of an opinion or otherwise.

Expert testimony may be offered at different times during the trial. First, the plaintiff (in criminal cases, the government) may need to introduce it to establish a fact necessary to prove the ultimate issue; here it will be offered during the case-in-chief and the defense will cross-examine the expert. The defense may chose to offer an expert during its case to contradict the plaintiff's expert, and the plaintiff will cross-examine. Finally, the plaintiff may bring back its expert or offer a different expert during rebuttal, to rehabilitate the original expert opinion or to contradict the defense expert opinion. Of course, the defense will cross-examine the plaintiff's expert.

The trial judge has wide discretion in deciding whether to admit expert testimony, and will generally admit it only if satisfied that the following four tests have been met:

(1) the subject of the inference is so related to a special science, profession, business, or occupation that it is beyond the knowledge of the average person OR (depending on the jurisdiction) even if the average person has some knowledge of the issue, the opinion would aid the jury,

(2) the state of the art of the field permits a reasonable opinion to be given on the issue,

(3) the witness is sufficiently skilled, knowledgeable and/or experienced in such a field to give a helpful opinion, and

(4) the facts in evidence allow an opinion to be based upon them.

Expert testimony may meet each part of this test and still be inadmissible if it violates one of the procedural rules or another rule of evidence. For example, in a criminal case, the government may not introduce expert testimony that the defendant fits a profile of a child sexual abuser because of his MMPI score and because the expert's review of the records of the defendant's

therapist indicated he was interested in little girls. This is inadmissible on several grounds. First, if the evaluation was done compulsorily, it violates the Fifth Amendment's provision against compulsory self-incrimination. Second, if it was based upon the hearsay from another therapist, it would be excluded as a violation of the hearsay rule and because it violates the defendant's Sixth Amendment right to confront the witnesses against him. Generally, however, it is permissible in a civil case for the expert opinion to be based upon hearsay if it is normal in the specialized field to rely on such inadmissible evidence (Federal Rule of Evidence 703). Third, if the defendant has not introduced evidence of his good character it would also be excluded because the prejudicial value outweighed its relevancy (Federal Rules of Evidence 403, 404).

Conflict Between Law and Psychology

The first issue in the controversy relates to the differences between psychology and law, and the tensions such differences create in the interaction between the professions.

Both pursue truth, but they do it very differently. Psychology is a science, a systemized attempt to understand mental processes and behavior, and uses the scientific method of formulating hypotheses and testing them. Law is a non-scientific system of rules and procedures proscribing and prescribing

behavior. It proceeds from a priori assumptions. Psychology is inductive, law is deductive.

Law pursues the truth of disputed facts by a number of non-scientific policies:

(1) One party is required to prove the existence or non-existence of facts by some measurement of the credibility of evidence. In criminal (and juvenile delinquency) cases, it takes the form that the government prove the defendant's guilt beyond a reasonable doubt, rather than the defendant being required to prove his/her innocence. In other cases, including those tried in the family court, (thus including both child abuse/dependency cases and contested custody and/or visitation cases) the standard of proof is a preponderance of the evidence.

(2) the limitation of evidence to that deemed relevant;

(3) the preference for individuals to relate their memories, based on first-hand knowledge to establish the existence or non-existence of past events;

(4) the exclusion of incriminating evidence obtained in violation of procedural rules;

(5) in criminal cases, the exclusion of evidence about the defendant's character unless he/she introduces it;

(6) the disapproval and exclusion of that hearsay which does not meet legally sanctioned (and not necessarily scientific) principles of trustworthiness;

(7) the use of the adversarial introduction of evidence and cross-examination;

(8) the reliance on the art of the attorneys as performers and orators; and

(9) the requirement that the decision be reached by a group of lay persons, unless the trial is without a jury.

Indeed, law's preference for the observance of its non-scientific policies is such that it is willing to forego the discovery of truth if such policy-based procedural rules are violated: "it is better that 10 guilty persons escape than that one innocent suffer."[1]

Relevant Evidence and the Adversarial System

In my opinion, there are two battlegrounds on which the differences between law and psychology as they relate to expert

testimony: the legal system's narrow definition of relevancy with respect to evidence, and the use of the adversarial system to introduce or counteract evidence.

Law uses a technical definition of relevant evidence:

> "Relevant evidence" means evidence having any tendency to make the existence of any fact that is of consequence to the determination of the action more probable or less probable than it would be without the evidence (Federal Rule of Evidence 401).

While the judge ultimately decides relevancy by ruling on whether proffered evidence is admissible, as a practical matter it is the attorneys who decide when evidence is needed, and what type of evidence to introduce, based on their respective trial strategies and tactical decisions. Each attorney decides whether the psychologist's testimony will be helpful. If the attorney decides that the psychologist's testimony will not help prove or disprove a fact, the psychologist will have no part in the proceedings even if he/she may have information that is objectively potentially useful to making a factual determination. If one attorney decides that the psychologist's testimony will be helpful, the other attorney prepares to impeach that testimony during cross-examination and/or to rebut it by introducing a contradictory opinion from a purported expert.

At the same time, in meetings and professional conferences, mental health professionals frequently state their concern about the knowledge of judges, attorneys, and those who serve on juries

about child sexual abuse. In my experience, such concern usually, but not always, comes from those who see themselves as child advocates. Some such professionals welcome the opportunity to educate judges and juries by presenting what they believe to be objective information about child sexual abuse and child witnesses to replace those beliefs now assumed to be myths. It is important to their cause that they be allowed to testify and that they be believed. Consequently, they frequently become frustrated because the attorney did not deem their information relevant.

If these professionals testified they are frustrated at how their testimony was restricted under the rules of evidence, the non-scientific adversarial critique of it during cross-examination, and the introduction of contradictory expert testimony--especially that which they perceive to be of dubious scientific merit.

It is my personal opinion that many mental health professionals who have testified in child sexual abuse cases are interested more in advocacy for a position--the welfare of those they believe to be sexually abused children or the rights of those they believe to be falsely accused adults--than in examining the scientific accuracy of what they opine. (Query whether this may lead to violation of any of the Ethical Principles of Psychologists, specifically 1c, 1e, or 3c, APA 1989.) I believe

that if they closely studied the scientific worth of the data they cite, they would be more cautious about giving an expert opinion. They would therefore be less likely to testify as experts for either side because the qualifications they would attach to their opinions may make them less supportive of the attorneys' positions; i.e., less legally relevant.

The psychologist, then, becomes both an agent and a victim of the adversarial process. In my experience, psychologists frequently do not understand this or, if they understand it, are unwilling to accept such a role. The psychologist wants to be consulted and used by the legal system because of his/her expertise as a scientist--whether as clinician or as researcher. However, an attorney is not ultimately interested in whether or not the psychologist is a good scientist, but rather is ultimately interested in whether or not the psychologist will present convincing evidence that is helpful to the attorney's position. As far as the lawyer is concerned, it is the responsibility of the psychology profession, not the legal profession, to weed out the incompetent scientist. The lawyer is satisfied with the psychologist's "expertise" if that expertise produces a credible "expert opinion" that supports the lawyer's position.

Relevant Expert Testimony in Child Sexual Abuse Trials

The second issue in the controversy over expert testimony in child sexual abuse cases is whether an expert opinion from a psychologist or other mental health professional is helpful in the determination of factual issues in the adjudicative phase of the legal proceedings. There is no simple answer; rather, the answer depends on the particular factual issue to be determined and the stage in the trial during which the opinion is given.

For example, Myers, Bays, Becker, Berliner, Corwin, & Saywitz (1989) identify a number of issues on which they believe that expert psychological testimony may be helpful. They fall into three groups:

(1) those which are relevant to the issue of whether a child was sexually abused, such as the presence of behaviors that have been observed in sexually abused children, the child's age-inappropriate sexual knowledge or awareness, and whether the child's symptoms and behaviors are consistent with sexual abuse. These opinions would be given during the government's (or the plaintiff's) case-in-chief.

(2) those relating to the child's competence and credibility, such as whether young children are necessarily more suggestible than older children and adults, and whether children of the

same developmental level are capable of distinguishing between fact and fantasy. These opinions would be given during rebuttal of the government (or plaintiff) after the defendant had attacked the general credibility of the child during cross-examination. The defense will also usually have presented contradictory expert testimony.

(3) those rehabilitating the child's credibility about the allegations of sexual abuse, such as opinions explaining why sexually abused children delay reporting their abuse, why they recant or give inconsistent descriptions of abuse, why they are angry, or why they continue to seek association with the alleged abuser, and that deliberately false allegations made by children are rare. Again, these opinions would be given during rebuttal.

They also suggest that it is appropriate in civil proceedings to give an opinion as to whether sexual abuse occurred. However, this would be an opinion on the ultimate issue for the trier of fact to decide--whether one or more particular individuals committed one or more acts upon a particular child on one or more specific occasions--and there is a major controversy as to whether ultimate opinions in general should be admissible, and if so, whether it is ethically appropriate to give them (Bersoff, 1986; Melton, Petrila, Poythress, & Slobogin, 1987; Rogers & Ewing, 1989).

Melton & Limber (1989), for example, forcefully argue that it is both inadmissible in the majority of courts and ethically inappropriate to give an expert opinion on the credibility of a child witness because it is not based upon the specialized knowledge of the mental health professional (when such specialized knowledge is the bedrock upon which an expert opinion is admissible) and is therefore a misrepresentation. Others disagree (Myers et al., 1989; Wakefield & Underwager, 1988).

Relevance and Scientific Authority

However, the helpfulness of an expert opinion on each of the topics suggested above is based upon two assumptions:

(1) the trier of fact (usually a jury) understands the utility and limitations of scientific research and statistical probabilities in the fact-finding process, and

(2) scientific principles have been used in discriminating between sexually abused and non-sexually abused children in the methodology of the research supporting the opinion.

The controversy focuses on whether these two assumptions are correct. Much has been written in the popular press about the general public's poor understanding of science, yet the media often report the results of scientific studies without discussing

their limitations. My experience is that this is not restricted to the general public. I have heard mental health professionals, citing one study conducted with less than 25 subjects as if the results of the study were the conclusive word on the topic. I have also heard mental health professionals cite clinical case reports as if they were the equivalent of a controlled study. In some cases these citations were given with no explanation or limitation in the course of the clinician's expert testimony.

Another example is the questionable use by mental health professionals of a scientific study or a description of a clinical syndrome for the purpose of diagnosis and prediction in the absence of any validity and reliability studies showing those uses are appropriate. The "child sexual abuse accommodation syndrome" (Summit, 1983) is a classic example. Summit's article was an initial, non-comprehensive listing of behaviors of children thought (at least by him) to have experienced child sexual abuse. The syndrome lists five categories: "1. Secrecy; 2. Helplessness; 3. Entrapment and accommodation; 4. Delayed, conflicted and unconvincing disclosure; 5. Retraction." Summit described its purpose as one of eliciting improved therapy and effective advocacy, and made no pretense that it was a controlled study or that it should be used for predictive purposes.

However, that has not stopped attorneys from asking expert witnesses to testify about it. Testimony about categories 4 and

5 has been used to rehabilitate the child's credibility after impeachment during cross-examination, and such testimony has generally been permitted by appellate courts (Myers, et al., 1989). However, mental health professionals have not refrained from using the syndrome as a diagnostic basis for opining that sexual abuse occurred, even though the syndrome does not explain how one is to distinguish between a sexually abused child who has made and retracted a "delayed, conflicted and unconvincing disclosure" and a child who was not sexually abused and made and retracted such a disclosure. Predictably, the courts have split in whether to admit expert opinion about the syndrome for such a purpose (Levy, 1989; Myers et al., 1989).

There has also been discussion in the professional literature about the public's lack of sophistication in interpreting statistical probability research data. Melton & Limber (1989) give an excellent example with respect to the Child Abuse Potential Inventory (Milner, 1986). Perhaps a more basic question is whether the mental health professional testifying as an expert understands the limitations.

The fundamental question is whether the data supporting the opinion is scientifically sound. In my opinion, much of the cited data is not. Levy (1989) has pointed out the scientific deficiencies in the child sexual abuse accommodation syndrome: the parameters were not specified and were unmeasurable, no

comparison was made between sexually abused children who exhibited the syndrome and those who did not, nor was there a comparison between non-sexually abused children who exhibited the syndrome and those non-sexually abused children who did not. (Of course, Summit never claimed it was a scientific study.) Some frequently cited reports with respect to children's interaction with anatomically detailed dolls, ritualistic abuse, and allegations made in custody and visitation disputes may suffer from similar defects. As a result, expert opinions may have been based upon clinical impressions of small numbers of children masquerading as scientifically proven conclusions. Other expert opinions may have been based upon a well-designed controlled study, but the limitations of the study have not been stated, and the attorney's questions may have caused the expert to draw unwarranted conclusions about the applicability of the study to the particular case.

Of course, there is a primary problem in designing a scientifically sound research project that evaluates the utility of factors in determining whether a child has or has not been sexually abused, namely, the criterion or criteria by which the researcher believes the child has been sexually abused (Berliner, 1988; Peters, Wyatt, & Finkelhor, 1986; Sink, 1988). The frequently cited reports of clinical syndromes and controlled studies differ in the measure used to decide whether the children had been sexually abused: (1) solely the clinician's impres-

sions; (2) solely the child's statement that it happened; (3) a combination of the child's statement plus a confession or incriminating statement by the accused (Faller, 1988); (4) a combination of the child's statement plus other evidence (Faller, 1988; Jones & McGraw, 1987); (5) "substantiation" or "founding" by a child protective services agency (Jones & McGraw, 1987); (6) adjudication by a civil court (proof by a preponderance of the evidence); or (7) criminal conviction (proof beyond a reasonable doubt). One may have serious reservations about whether these criteria are equally acceptable scientifically for forensic purposes, whatever their worth for clinical evaluation.

There are problems with a number of these criteria. The so-called "behavioral indicators" are really indicators of childhood stress and are common in non-sexually abused children as well as sexually abused children (Berliner, 1988; DeYoung, 1986; Friedrich, 1988; Haugaard & Reppucci, 1988; Schroeder, Gordon, & Hawk, 1983). Clinical impressions may be erroneous (Corwin, Berliner, Goodman, Goodwin, & White, 1987). There is still controversy about the credibility of children's accounts; most professionals acknowledge that some children will make a knowingly false accusation or will make an unknowingly erroneous accusation (Benedek & Schetky, 1987; Levy, 1989; Myers, et al., 1989). In other cases the child's statement may be misunderstood by the parent (Bressee, Stearns, Bess, & Packer, 1986; Sink, 1988). In others, the child may be coerced into confirming the belief of a

parent or clinician (Haugaard & Reppucci, 1988; White, Santilli, & Quinn, 1988). The determination of "substantiated" or "founded" by a child protective services agency is dependent upon such factors as the forensic skills of the caseworker, criteria set by statute or agency policy, age and sex of the child, and source of the report (Eckenrode, Munsch, Powers, & Doris, 1988; Finkelhor, 1990; Sink, 1988). Legal adjudications may have false negatives because they may have excluded scientifically acceptable evidence that violated legal policies (Berliner, 1988).

Conversely, there is no standard by which to ascertain that children serving as controls have not been sexually abused. Several studies have concluded that many abused children do not initially exhibit behavioral symptoms (Browne & Finkelhor, 1986; Conte & Berliner, 1988). If the child does not disclose the abuse, he/she may erroneously be included as a control.

It is obviously unethical to sexually abuse or simulate sexual abuse of the children in research, so the problem may be insolvable. As a result, it is likely that this controversy over the scientific value of the data will continue.

Qualifications of the Expert

The third controversy, which underlies the others, is whether a mental health professional is qualified by training and

experience to adopt an investigative role, e.g., as an "evaluator" who conducts a "validation" inquiry. While a number of suggestions have been made to improve professional training in child abuse generally (APA Ad Hoc Committee on Child Abuse Policy, 1989), there is no clinical education program that categorically provides such investigative training.

There is therefore a question as to whether the state of the art in clinical practice permits a mental health professional to testify as an expert on the two ultimate forensic issues in these cases: (1) whether a particular child's behavior can be determined to be that of a sexually abused child, and (2) whether that child is telling the truth. All of the criteria for evaluating the truth of the allegation--whether they tend to support the credibility of the child's account or tend to detract from it--appear to suffer from various defects (Berliner, 1988; Corwin et al., 1987; Haugaard & Reppucci, 1988).

From the perspective of a lawyer, therefore, the controversies over expert testimony in child sexual abuse cases are unlikely to disappear. This is not necessarily a bad thing from the perspective of a lawyer in private practice, since he/she may be representing the child and/or parent in one case and the alleged abuser in the next, and it is helpful to know that one can find an expert for the client's position! Needless to say, prosecutors do not share this view.

What is more to the point, however, is the unconscious use of pseudo-science in the formulation of expert testimony by mental health professionals may lead to a verdict that is factually wrong; a person may be adjudicated of sexually abusing a child when he/she did not, or (more frequently in my opinion) a person is not adjudged to have sexually abused a child when he/she did so.

Unfortunately, when such a case is appealed, the appellate court may rule that all expert testimony of a particular type shall be inadmissible because it is based on novel scientific principles and/or methodology that have not reached general scientific acceptance (*Frye v. United States*, 1923). This may inhibit attorneys from attempting to introduce expert testimony on the topic even after the passage of time has led to the acceptance of the scientific basis for the opinion.

Thus, inappropriate expert testimony may hinder the achievement of laudable goals--the protection of children from sexual abuse and the protection of the innocent who have been accused. Only if the controversies, combined with rigorous peer review, lead to better science will they have served a useful purpose.

FOOTNOTES

1. Eberle, P. & Eberle, S. (1986). *The Politics of Child Abuse*. Secaucus, NJ: Stuart; Hollingsworth, J. (1986). *Unspeakable Acts*. New York: Congdon & Weed; Hechler, D. (1988). *The Battle and the Backlash: The Child Sexual Abuse War*. Lexington, MA: D.C. Heath; Manshel, L. (1990). *Nap Time*. New York: William Morrow & Co.

2. Blackstone, W. *Commentaries*, Vol. 2, C.27, cited in Coffin v. United States, 156 U.S. 432 (1895).

REFERENCES

American Psychological Association, Ad Hoc Committee on Child Abuse Policy. (1989). *Report to the APA Board of Directors.* Washington, DC: American Psychological Association.

American Psychological Association. (1989). Ethical principles of psychologists. *American Psychologist, 45,* 390-395.

Benedek, E.P., & Schetky, D. (1985). Allegations of child sexual abuse in child custody and visitation disputes. In D.H. Schetky & E.P. Benedek (Eds.), *Emerging issues in child psychiatry and the law* (pp. 145-158). New York: Brunner/Mazel.

Berliner. L. (1988). Deciding whether a child has been sexually abused. In E.B. Nicholson & J. Bulkley (Eds.), *Sexual abuse allegations in custody and visitation cases* (pp. 48-69). Washington, DC: American Bar Assn.

Bersoff. D.N. (1986). Psychologists and the judicial system: Broader perspectives. *Law and Human Behavior, 10,* 151-165.

Bressee, P., Stearns, G., Bess, B., & Packer, L. (1986). Allegations of child sexual abuse in child custody disputes: A therapeutic assessment model. *American Journal of Orthopsychiatry, 56,* 560-569.

Bross, D.C. & Kanee, L. (1987) Profiles, syndromes, and pattern evidence in child abuse and neglect. In L.F. Michaels (Compiler), *Representing children: Current issues in law, medicine, mental health, and protective services* (pp. 247-271).

Browne, A., & Finkelhor, D. (1986). Initial and long-term effects: A review of the research. In D. Finkelhor (Ed.), *A sourcebook on child sexual abuse* (pp. 143-179). Beverly Hills: Sage.

Bulkley. J. (1988). Psychological expert testimony in child sexual abuse cases. In E.B. Nicholson & J. Bulkley (Eds.), *Sexual abuse allegations in custody and visitation cases* (pp. 191-213). Washington, DC: American Bar Assn.

Cleary, E.W. (1972). *McCormick's handbook of the law of evidence* (2d ed.). St. Paul, MN: West.

Cohen, A. (1985). The unreliability of expert testimony on the typical characterics of sexual abuse victims, *Georgetown Law Journal, 74,* 429-456.

Conte, J.R., & Berliner, L. (1988). The impact of sexual abuse on children: Empirical findings. In L. Walker (Ed.), *Handbook on sexual abuse of children* (pp. 72-93). New York: Springer.

Corwin, D.L., Berliner, L., Goodman, G., Goodwin, G., & White, S. (1987). Child sexual abuse and custody disputes: No easy answers. *Journal of Interpersonal violence, 2(1),* 91-105.

Crewdson, J. (1988). *By silence betrayed: Sexual abuse of children in America.* Boston: Little, Brown and Co.

DeYoung, M. (1986). A conceptual model for judging the truthfulness of a young child's allegation of sexual abuse. *American Journal of Psychiatry, 56,* 550-559.

Eckenrode, J., Munsch, J., Powers, J. & Doris, J. (1988). The nature and substantiation of official sexual abuse reports. *Child Abuse and Neglect, 12,* 311-319.

Faller, K.C. (1988). Criteria for judging the credibility of children's statements about their sexual abuse. *Child Welfare, 67,* 389-401.

Finkelhor, D. (1990). Is child abuse overreported? The data rebut arguments for less intervention. *Public Welfare, 48*(1), 22-30.

Friedman, S.R. (1989). Criminal investigation and clinical assessment in child sexual cases: Making a distinction. *The Advisor* (Newsletter of the American Professional Society on the Abuse of Children) *2(2),* 16-17.

Friedrich, W. (1988) The child sexaul abuse inventory: Reliability and validity. *Scientific Proceedings of the Annual Meeting NR-73* (American Academy of Child and Adolescent Psychiatry with the Canadian Academy of Child Psychiatry.)

Frye v. United States, 293 F. 1013 (D.C. Cir. 1923.

Hall, M.D. (1989). The role of psychologists as experts in cases involving allegations of child sexual abuse. *Family Law Quarterly, 23,* 451-464.

Haugaard, J.J., & Reppucci, N.D. (1988) *The sexual abuse of children.* San Francisco: Jossey-Bass.

Hechler, D. (1988). *The battle and the backlash: The child sexual abuse war.* Lexington, MA: D.C. Heath.

Jones, D. & McGraw, J.M. (1987). Reliable and fictitious accounts of sexual abuse to children. *Journal of Interpersonal Violence, 2(1),* 27-45.

Levy, R.J. (1989). Using "scientific" testimony to prove child sexual abuse. *Family Law Quarterly, 23,* 383-431.

McCord, D. (1986). Expert psychological testimony about child complainants in sexual abuse prosecutions: a foray into the admissibility of novel psychological evidence. *Journal of Criminal Law and Criminology, 77,* 1-68.

McCord, D. (1987). Syndromes, profiles and other mental exotica: A new approach to the admissibility of nontraditional psychological evidence in criminal cases. *Oregon Law Review, 66,* 19-108.

Melton, G.B., Petrila, J., Poythress, N.G., & Slobogin, C. (1987). *Psychological evaluations for the courts: A handbook for mental health professionals and lawyers.* New York: Guilford.

Melton, G.B., & Limber, S. (1989). Psychologists' involvement in cases of child maltreatment: Limits of role and expertise. *American Psychologist, 44,* 1225-1233.

Milner, J.S. (1986). *The Child Abuse Potential Inventory: Manual* (2nd ed.). Webster, NC: Psytec.

Myers, J.E.B., Bays, J., Becker, J., Berliner, L., Corwin, D.L., & Saywitz, K.J. (1989). Expert testimony in child sexual abuse litigation. *Nebraska Law Review, 68,* 1-145.

Peters, S.D., Wyatt, G.E., & Finkelhor, D. (1986) Prevalence. In D. Finkelhor (Ed.), *A sourcebook on child sexual abuse* (pp. 15-59). Beverly Hills: Sage.

Roe, R.J. (1985). Expert testimony in child sexual abuse cases. *University of Miami Law Review, 40,* 97-113.

Rogers, R. & Ewing, C.P. (1989). Ultimate opinion proscriptions: a cosmetic fix and a plea for empiricism. *Law and Human Behavior, 13,* 357-374.

Schroeder, C.S., Gordon, B.N., & Hawk, B. (1983). Clinical problems of the preschool child. In C.E. Walker & M.C. Roberts (Eds.), *Handbook of clinical child psychology* (pp. 296-334). New York: Wiley.

Sink, F. (1988). Studies of true and false allegations: A critical review. In E.B. Nicholson & J. Bulkley (Eds.), *Sexual abuse allegations in custody and visitation cases* (pp. 37-47). Washington, DC: American Bar Assn.

Summit, R. (1983). The child sexual abuse accommodation syndrome. *Child Abuse and Neglect, 7,* 177-193.

Wakefield, H., & Underwager, R. (1988). *Accusations of child sexual abuse.* Springfield, IL: Charles C. Thomas.

White, S., Santilli, G., & Quinn, K. (1988). Child evaluator's roles in child sexual abuse assessments. In E.B. Nicholson & J. Bulkley (Eds.), *Sexual abuse allegations in custody and visitation cases* (pp. 94-105). Washington, DC: American Bar Assn.